

**BAYOU HEALTH Prepaid Summary PI173 Denied Claims Report**

Health Plan ID #2162934

Health Plan Name: AmeriHealth Caritas Louisiana

Reporting Month: November

Begin Date: 11012013

End Date: 11302013

DHH Denial Code	DHH Denial Description	# of Denied Claim Lines
1	Lack of documentation to support Medical Necessity	0
2	Prior Authorization was not on file	15097
3	Member has other insurance that must be billed first	3839
4	Claim was submitted after the filing deadline	4959
5	Service was not covered by the BAYOU HEALTH PLAN	1988
6	All Other	63659
Total		89542